

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019020

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 107

FILED MAY 20 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp.		c. CITY OR TOWN Bates	
Length of stay in 1b 3 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Tree Rest Home		d. STREET ADDRESS (If outside, give location) RFD Butler	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Bertha Middle F Last Peacock			4. DATE OF DEATH Month May Day 14th Year 1963		
5. SEX Female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/22/1880	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 5 Days 22 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY homemaker		11. BIRTHPLACE (City and state or country) Formosa Kans.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Pantier		13b. MOTHER'S MAIDEN NAME Emma Clary	
14. NAME OF HUSBAND OR WIFE Wm E Peacock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO. 	
17. INFORMANT Helen Murphy, Butler Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident 10 days DUE TO (b) Cerebral arteriosclerosis 5 yrs. DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour None a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
20f. CITY, TOWN, OR LOCATION Butler Missouri		20g. COUNTY Bates STATE Mo	

21. I attended the deceased from 5-2-63 to 5-14-63 and last saw her alive on 5-10-63 Death occurred at 9:20 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Donald W. Butler		22b. ADDRESS Butler Missouri		22c. DATE SIGNED 5-16-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/17/63		23c. NAME OF CEMETERY OR CREMATORY Balch Cemetery		23d. LOCATION (City, town, or county) (State) Formosa Kansas	
24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.		25. DATE RECD. BY LOCAL REG. 5-16-63		26. REGISTRAR'S SIGNATURE Norman Wilson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

5-16-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert S. Steinbech

Licensed Embalmer No. 4657

P. O. Address Butler, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.